

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/606582		FILING DATE	
								APPLICANT(S)			
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	20		20								
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TOTAL CLAIMS	24		24								
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TOTAL IND.											
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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